

Tigh-Na-Muirn Limited Care Home Service

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Monifieth
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Telephone: 01382 532 357

Type of inspection:
Unannounced

Completed on:
6 June 2023

Service provided by:
Tigh-Na-Muirn Limited

Service provider number:
SP2013012083

Service no:
CS2013317806

About the service

Tigh-Na-Muirn Limited is a care home for older people situated in a residential area of Monifieth, close to local transport links, shops, and community services. The service provides residential care for up to 59 people.

The service provides accommodation over two floors in 55 single and two double bedrooms, each with an en suite bathroom. There are a selection of lounge and dining rooms. The home sits within large, well tended gardens and there are further smaller enclosed outside spaces for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 30 and 31 May 2023. The inspection was carried out by two inspectors from the Care Inspectorate and an inspection volunteer.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 15 people using the service
- spoke with three of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People could be as active as they wanted to be.
- Leaders were knowledgeable about the aspects of the service that required improvement.
- Systems for auditing service provision were dynamic.
- Staff were very good at developing meaningful relationships with people.
- Staff induction and training programmes were very good.
- People were connected with family and friends and were becoming more involved in the wider community.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. Performance demonstrated significant strengths in supporting outcomes for people. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

People experienced warmth, kindness, and compassion in how they were supported and cared for. Staff knew people well and were attentive to their needs. There was lots of laughter and good humoured exchanges between people. Lots of people told us that staff were kind and helpful and one person said, "This is a great place, staff are very friendly and the food is excellent".

Staff engaged with people in a manner that was supportive, working at each individual's pace and offering gentle encouragement. This meant that people did not feel rushed when carrying out tasks, leading to people remaining independent as long as possible.

People told us how their visitors were always made to feel welcome and that they were invited to attend many special events, as well as routine meetings. For example, the home hosted a prosecco and pizza event for guests and their families. One person told us, "It makes life that little bit more enjoyable".

People said they felt safe and happy in their home, their right to make choices and direct their support was fully embedded in the culture of the service. Regular guest and family meetings were taking place where people were able to make suggestions for change and give feedback about their experiences. The provider actioned people's requests quickly where they could, which contributed positively to people's experiences and outcomes.

Staff supported people to get the most out of their day. People were able to choose from a wide range of activities in and out of the home environment, both as individuals or part of a larger group. Staff took advantage of the good weather and supported people to spend time outside. People told us that they had a full social calendar as there was always something to do.

People were benefitting from access to community healthcare practitioners and regular healthcare assessments. This meant that any healthcare issues were identified quickly and treatment commenced early.

People's wellbeing, mobility, and confidence were enhanced as staff took opportunities to ensure that people moved regularly throughout the day. This contributed positively to managing and preventing falls and maintaining good skin health.

People benefitted from a varied and well balanced diet. There was a very good selection of meals, snacks, and drinks which reflected people's dietary needs and preferences. The provider ensured that people enjoyed their mealtime experience. People could choose to eat in a formal setting or in the privacy of their room. Staff discretely supported people to eat and drink, where necessary, and were observant of and reported any changes in people's abilities.

How good is our leadership?**5 - Very Good**

We made an evaluation of very good for this key question. Performance demonstrated significant strengths in supporting outcomes for people. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

The service has employed a data manager. This has escalated the development of bespoke systems and processes for the management of information about service performance. This has included enhanced auditing tools leading to the production of a dynamic service improvement and action plan.

The quality assurance system was comprehensive, evaluative, and promoted accountability and responsibility. We saw that where actions had been identified these were allocated to a particular staff member and given a priority rating and timeframe for completion. This meant that leaders had very good oversight of the service and were aware of what was working well and what was not.

Inspection quality frameworks and best practice guidance were being used as a tool to support staff to understand self evaluation and quality assurance. Staff had embraced the new systems and told us about the positive impact that they had had on them being able to carry out their role more effectively. As a result, they felt people received a better service.

All aspects of the service were being audited and areas identified for improvement fed directly into the action plan. Complaints were being analysed, tracked, and actions identified. This meant that the service learned from negative events and reduced the likelihood of a recurrence.

People's experiences were continually being evaluated. They were involved, with their families, in regular meetings which focussed on service delivery and improvement. Their views were gathered and requests acted upon. We saw people making simple requests. For example, someone requested to be offered a glass of lemonade and another would like to see salmon on the menu. Information was shared about staff recruitment and training. This contributed positively to people having confidence in the service.

Staff were receiving formal supervision and support regularly, the frequency of the support would change where a staff member was new or needed extra support. Observations of practice took place regularly outwith supervision. This meant that any areas for concern could be addressed early.

How good is our staff team?**5 - Very Good**

We made an evaluation of very good for this key question. Performance demonstrated significant strengths in supporting outcomes for people. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

The provider had worked hard to develop a robust training and induction plan that was bespoke to the service and that would link with the Health and Social Care Standards (HSCS) and people's professional codes of conduct. Support was provided around a 24-hour shift pattern in order to ensure that opportunities were made available for all staff. As a result, people could be confident that staff had the necessary skills and competence to support them.

Staff competence was regularly assessed through observations, supervision, and support meetings. This helped identify gaps in training or areas for improvement in practice and skills. When we spoke with staff

they were excited about service developments and were invested in ensuring the delivery of a good quality service.

The provider was invested in staff development. We saw that some staff had completed enhanced training around health and safety, infection prevention and control, and fire safety. This contributed positively to keeping people safe.

Assessment and audit of staffing systems linked directly to the overall service improvement action plan. This meant that information could be cross-referenced with changes in the needs of the guests and specific training developed to ensure that needs could continue to be met.

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. Performance demonstrated significant strengths in supporting outcomes for people. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

People were benefitting from a warm, comfortable, and welcoming environment with plenty of fresh air and light. While the service was busy and there were lots of activities happening, there was a relaxed atmosphere and people told us that they were happy with their home.

People could choose from a variety of areas to sit in the home and there was access to a variety of outside spaces. Paving slabs had been laid to the front of the building following a request from a resident. This made the area more accessible to people using walking aids and wheelchairs. Plans were being explored that would create more interest for people when accessing outside spaces.

During part of the inspection we found the glass corridor area of the building to be very busy at times with activities taking place. As this is a thoroughfare people were often distracted because of the high level of traffic through the building. The provider should be mindful of the use of this section of the corridor and limit the amount of people who gather there.

There were arrangements in place for the regular monitoring and maintenance of the premises and equipment and plans are to move this to an electronic system to ensure efficient tracking of required tasks.

Environmental audits were taking place with identified actions being fed into the wider improvement and action plan. We saw evidence that priority items were actioned quickly, ensuring that the environment remained well maintained and safe.

The housekeeping team were clear about their responsibilities and carried out their work to a high standard, completing relevant documentation and carrying out regular audits.

All staff had received training in line with their role and some enhanced fire safety training had been completed by the maintenance team. Together, the systems and procedures increased people's safety and reduced the risk of harm from accidents and incidents.

How well is our care and support planned?**5 - Very Good**

We made an evaluation of very good for this key question. Performance demonstrated significant strengths in supporting outcomes for people. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

People's personal plans were being managed through an electronic system. The system enabled staff to cross-reference and audit information quickly to identify changes required in people's care and support. Any actions that had not been completed were flagged and senior staff dealt with these promptly.

Plans contained detailed information about people, including how they wished their care and support to be delivered. People and their families or representatives were involved in planning and were regularly asked for feedback about care. We saw evidence that a range of ways were used in seeking feedback; people had one-to-one meetings with key workers, spent time with the chef to discuss diet and food preferences, and we saw that activity team members gathered information about people's histories so that they could introduce activities that had meaning for individuals.

Relevant legal documentation was in place and staff knew where people needed someone to act on their behalf. We saw evidence to support that people's representatives were regularly updated about changes in people's care needs.

Plans contained risk assessment and management documentation for health needs, such as falls, skin integrity, or fluid and nutritional needs. Risk assessments were reviewed regularly and updated as required. This contributed positively to ensuring that people's care and support needs would continue to be met.

What the service has done to meet any requirements we made at or since the last inspection**Requirements****Requirement 1**

By 31 August 2022, the provider must ensure that the service is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this, the provider must, at a minimum:

- a) Ensure the service's performance is assessed through effective audit and other quality assurance processes.
- b) Ensure staff in leadership roles are trained in quality management, supported in their role, and are allocated sufficient time to implement the service's quality assurance processes.

- c) Ensure action plans are put in place and implemented to support improvement, when required.
- d) Ensure the impact of improvement work is subject to ongoing review and assessment to determine the extent to which the improvements have positively impacted on the health, safety, and wellbeing of service users and staff knowledge, skills, and confidence.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 13 July 2022.

Action taken on previous requirement

The provider had put in place electronic quality assurance and auditing systems at the time of the last inspection. These systems were now embedded in practice. Staff in leadership roles had received training and were successfully using the system to carry out audits and report on particular areas of service delivery. From the audits, action plans were updated and staff were identified to respond to any issues within set timescales. A record of outcome was made available as part of the data collected. As a result there was improvement in service delivery, impacting positively on outcomes for people.

Met - outwith timescales

Requirement 2

The provider must make proper provision for the health, welfare, and safety of people using the service. In particular, the provider must:

- a) Ensure people using the service have timely access to prescribed medication.
- b) Ensure recommendations from other healthcare professionals are accurately communicated to the appropriate members of staff.
- c) Make improvements to systems of communication to ensure important information is shared adequately with the appropriate members of staff.
- d) Ensure that medication errors or incidents are subject to formal investigation to ascertain the root cause and outcomes in order to prevent re-occurrence.

To be completed by: 31 August 2022.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This requirement was made on 30 June 2022.

Action taken on previous requirement

People received medications at the times that they had been prescribed. Information provide by healthcare professionals for the management of people's conditions were being communicated effectively through the use of electronic systems, to which all relevant staff had access. Any incidents or errors were noted, reported, and investigated in line with best practice.

Met - within timescales**Requirement 3**

The provider must make proper provision for the prevention and management of falls. In order to achieve this, the provider must:

- a) Ensure multifactorial falls risk assessments are undertaken regularly and when needs change.
- b) Ensure consideration of changes in mobility, falls, infection, and the introduction of new medications.
- c) Ensure the falls prevention care plan is reflective of people's needs and how these needs should be met.
- d) Ensure that residents' mobility aids, cleaning, and laundry equipment are stored appropriately and safely when not in use.
- e) Ensure corridors and communal areas are free of obstruction to allow people to mobilise safely and reduce the risk of falls.

To be completed by: 31 August 2022.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 30 June 2022.

Action taken on previous requirement

Multifactorial falls assessment and risk management plans were detailed in people's care plans. These were reviewed regularly and updated following a change in people's ability or following a fall. Equipment in the home was clean and regular audits for infection prevention and control were taking place. The environment was audited on a daily basis and staff had demonstrated a greater understanding of their responsibilities in relation to infection control and health and safety requirements.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the provider should ensure staff have an understanding of and regularly access and follow people's personal plans and healthcare assessments. This includes, but is not limited to, nutritional assessments, mobility assessments, skin integrity, and falls assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 13 July 2022.

Action taken since then

The provider had completed training for staff in respect of care planning and the use of the electronic care planning system. We saw that staff regularly accessed care plans and related healthcare assessments.

We consider this area for improvement to have been met.

Previous area for improvement 2

The provider should ensure regular audits of care plans and recordings to ensure information is consistent and recordings are detailed and evaluative.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 13 July 2022.

Action taken since then

Regular audits of care plans were taking place and any issues were being recorded in the wider action plan. Staff were identified to deal with issues within a limited timeframe. This meant that any concerns were being addressed quickly.

We consider this area for improvement to have been met.

Previous area for improvement 3

In order to ensure people's care and support meets their needs and is right for them, the service should:

- a) Improve staff's awareness of potential risks of skin breakdown and infection.
- b) Improve observation of people's healthcare needs and potential risks during the provision of personal care.

c) Improve staff's awareness of the importance of monitoring people's skin and signs of infection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS1.19).

This area for improvement was made on 13 July 2022.

Action taken since then

Staff have undergone skin care training to improve their knowledge of potential risks and effective monitoring of skin for signs of breakdown or infection.

We consider this area for improvement to have been met.

Previous area for improvement 4

In order to support good outcomes for people experiencing care, staff should be provided with practical moving and assisting training and have their competency assessed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 13 September 2021.

Action taken since then

Staff have undergone practical moving and assisting training and receive regular competency checks. As a result, people are more likely to experience positive outcomes when receiving physical assistance to mobilise.

We consider this area for improvement to have been met.

Previous area for improvement 5

To support people's health and wellbeing, the provider should:

- a) Ensure staff have an understanding of and regularly access and follow people's personal plans and healthcare assessments. This includes, but is not limited to, nutritional assessments, mobility assessments, skin integrity, and falls assessments.
- b) Make improvements to the assessment of people's nutritional needs and the risk of undernutrition. The provider should ensure that assessments are undertaken regularly and when needs change.
- c) Ensure that the risk of undernutrition is reflected in the care plan.
- d) Ensure care plans in relation to people's nutrition and hydration fully reflect their needs and how their needs are to be met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 30 June 2022.

Action taken since then

The provider had completed training for staff in respect of care planning and the use of the electronic care planning system. We saw that staff regularly accessed care plans and related healthcare assessments. Risk assessments were regularly reviewed and updated.

We consider this area for improvement to have been met.

Previous area for improvement 6

In order to ensure that people are supported by well trained staff whose skills and knowledge are kept up-to-date, the manager should:

- a) Identify training needs for the staff team.
- b) Develop a training plan that is specific with timescales for completing training activities.
- c) Evaluate the effect of training on outcomes for people through observations of staff practice and regular supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 30 June 2022.

Action taken since then

The provider had developed a bespoke training plan to support service delivery. Regular auditing of staff competencies and skills helped to identify any potential training gaps. Where this was noted, staff completed relevant training. Systems were in place to identify when training was required to be refreshed and updated. This contributed positively to people being supported by staff who were trained effectively for their role.

We consider this area for improvement to have been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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